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Bib Data Sheet

CONFIRMATION NO. 3056

SERIAL NUMBER 09/183,375	FILING OR 371(c) DATE 10/30/1998 RULE	CLASS 424	GROUP ART UNIT 1612	ATTORNEY DOCKET NO. 003/098/SAP
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/16/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY MD	SHEETS DRAWING 14	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 6

ADDRESS

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TITLE

METHOD OF INHIBITING SIDE EFFECTS OF PHARMACEUTICAL COMPOSITIONS CONTAINING AMPHIPHILIC VEHICLES OR DRUG CARRIER MOLECULES

FILING FEE RECEIVED 1486	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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